



National
Aeronautics and
Space
Administration

Documentation of Request for Advanced Sick Leave

NOTE: This form should be used to support an SF-71, "Request for Leave," when an employee requests advanced sick leave. (See instructions on reverse.)

SECTION A: EMPLOYEE INFORMATION

1. NAME	2. ORGANIZATIONAL UNIT (office, location, telephone number)
3. WORK SCHEDULE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME IF PT, _____ HOURS SCHEDULED PER PAY PERIOD	4. SERVING A PROBATIONARY OR TRIAL PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY IF TEMPORARY, NTE DATE: _____	6. LEAVE CATAGORY <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8
7. ADVANCED SICK LEAVE REQUESTED NO. OF HOURS: _____ FROM (DATE/TIME): _____ TO (DATE/TIME): _____	8. LEAVE BALANCES AS OF PAY PERIOD ENDING _____ ADVANCED ANNUAL: _____ HOURS SICK: _____ HOURS ACCRUED ANNUAL: _____ HOURS
9. BRIEFLY STATE THE REASONS FOR THE REQUEST AND INDICATE IF YOU EXPECT TO RETURN TO DUTY:	

☐ ATTACHED IS A COPY OF A MEDICAL CERTIFICATE SIGNED BY A PHYSICIAN OR OTHER PRACTITIONER, AS REQUIRED FOR APPROVAL OF ADVANCED SICK LEAVE.

SECTION B: EMPLOYEE STATEMENT

I have not filed nor do I intend to file an application for disability retirement. I understand that I am indebted for advanced sick leave when I separate from the service (except in death, disability, or active military service with restoration rights), and I will be liable for payment of the value of any outstanding negative balance. I also understand that this indebtedness will be collected from these sources in the following order:

- My final salary check;
- Any lump sum annual leave payment;
- A cash payment; or
- My individual account in the civil service retirement and disability fund. I may request reconsideration of the agency's decision to collect my indebtedness from this fund and I have the right to an oral hearing as provided in 4 CFR, Chapter 11, Part 102.

I understand and accept the terms stated above.

EMPLOYEE SIGNATURE

DATE

SECTION C: DISPOSITION OF REQUEST

RECOMMENDATION	PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS PART	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	SIGNATURE OF SUPERVISOR	DATE
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	SIGNATURE OF PERSONNEL MANAGEMENT SPECIALIST	DATE
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	SIGNATURE OF DIRECTOR, HUMAN RESOURCES MANAGEMENT DIVISION	DATE

SECTION D: FOR PERSONNEL USE ONLY

ANNUAL LEAVE BALANCE ADVANCED: ACCRUED:	SICK LEAVE BALANCE	RETIREMENT ACCOUNT BALANCE <input type="checkbox"/> CSRS <input type="checkbox"/> FERS	WEEKLY SALARY	FEDERAL SCD
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* PRIVACY ACT ADVISORY STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS AUTHORIZED BY CHAPTER 63 OF TITLE 5, U.S. CODE. THE PURPOSE OF THIS FORM IS TO DOCUMENT REQUESTS FOR ADVANCED SICK LEAVE. THE FAILURE TO DISCLOSE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF THE LEAVE REQUEST.

INSTRUCTIONS

When requesting advanced sick leave, employee should complete sections A and B of this form. Complete each section as follows:

Section A: Employee Information (Please print or type.)

1. Enter your name.
2. Enter your organization unit code, location and telephone number (including area code).
3. Check full-time box, if you work at least 40 regularly scheduled hours each week. Check part-time box, if you work 32 hours or less each week. If you work part-time, please note the number of hours scheduled per pay period. (Permanent, full-time, non-probationary employees may be granted up to 240 hours advanced sick leave. The limit is prorated for part-time employees.)
4. Are you serving a probationary or trial period? Check appropriate box. (An employee may not be advanced more than 13 days sick leave during the probationary period.)
5. Check appropriate box to indicate type of appointment. If time-limited, specify not-to-exceed (NTE) date. (Temporary employees may not be advanced more sick leave than they are expected to earn during their employment.)
6. Check appropriate box to indicate your annual leave category.
7. Enter the total number of hours and the beginning and ending dates of the advanced sick leave you are requesting. This specified period of time should agree with the dates specified on the attached medical certificate.

Enter your advanced annual, accrued annual and sick leave balances for the most recent pay period. Specify
8. ending date of pay period.

Briefly state reasons for your request and indicate whether you intend to return to duty. (Every advanced sick leave
9. request must be supported by a medical certificate signed by a physician or other practitioner. The dates specified on the request must coincide with the dates on the medical certificate.)

Section B: Employee Statement

The employee should read the statement carefully. If you agree to the specified terms, sign and date in the spaces provided. (Signing this statement will not preclude an employee from subsequently applying for disability retirement, if appropriate.)

Section C: Disposition of Request

In spaces provided, the following designated persons must check an "approve" or "disapprove" recommendation, sign and date:

- Supervisor
- Personnel Management Specialist
- Director, Human Resources Management Division

Section D: For Personnel Office Use Only